



Some City Medical Associates  
100 Hospital Road  
Some City, YY, 12345

Name: Tiffany Anne Baxter  
Medical Record #: 12131

DOB: 04/16/2002  
SSN: 999-99-9999

## Neurological Assessment

**Visit Date: 10/07/2016**

Assessing Physician: Dr. Karen Banks

### Presenting Concerns

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Patient has epilepsy, generalized tonic-clonic seizure type, but has not been taking medications for this condition. Recently placed in custody of Child Protective Services; mother was not keeping up with medical appointments or refilling prescriptions. Patient presents today for a diagnostic assessment and to resume medication management.

Patient is also being seen today by pediatric staff in follow up to a recent wrist fracture, which she suffered during the course of a seizure. Patient reports frequent falls when experiencing seizures.

### Vitals

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Height: 5'2" (62 inches)

Blood Pressure: 120/75

Respiration: 13/min

Weight: 105 lbs.

Pulse: 65

Temperature: 99F

### History of Present Illness

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**Past Medical Treatment:** Since birth, patient has experienced convulsions and seizure activity which has resulted in numerous hospitalizations. Diagnosed with epilepsy, generalized tonic-clonic seizure type at 4 years old. Past serum drug levels and Electroencephalography (EEG) testing show evidence of epilepsy.

**Past Medications:** Lamictal

**Current Mediations:** None

**Allergies:** None

**Presenting Symptoms:** Patient reports experiencing symptoms consistent with tonic-clonic seizures, during approximately two episodes in the past month. Patient reports memory loss following a seizure and reports that she withdraws from others due to her fears of someone witnessing a seizure.

According to her CPS caseworker, accompanying her today, patient's seizures are characterized by loss of consciousness accompanied by a tonic phase (sudden muscle tensing causing Tiffany to lose postural control) followed by a clonic phase which produces convulsions. Tiffany often experiences incontinence during generalized tonic-clonic seizures, and has injured herself from falling.



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## Physical Exam

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**Mental status:** The patient is alert, attentive, and oriented. Speech is clear and fluent with good repetition, comprehension, and naming. She recalls 3/3 objects at 5 minutes.

**Review of systems:** Normal

**General physical examination:** The patient has a normal BMI and reports that her only other physical health issues beyond the presenting condition is a recent wrist fracture, which appears to be healing well with no ongoing complications expected. BP and Pulse normal. Gait, motor skills, reflexes, balance, and sensory perception all within normal limits.

**Laboratory findings:** No labs conducted today. EEG to be ordered.

## Assessment

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The Patient is a 14-year old female with longstanding epileptic seizures, who has not had consistent access to examinations and medication over the past two years. Without medications to stabilize seizure activity, patient reports an average of one to two seizures per month, of generalized tonic-clonic type. The patient is living in a group home under CPS custody and patient's seizures have been observed and confirmed by her CPS worker.

**Diagnosis:** Epilepsy, with generalized tonic-clonic seizure type

## Plan

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**Medications:** Begin Lamictal 25mg

**Follow up:** Neurology follow-up to be scheduled with Dr. Banks in 6-8 weeks.

**Testing:** EEG to be ordered and arrange by primary team. Please order with seizure protocol.

*E-Signed by Karen Banks on 10/08/2016 03:50 PM ET*



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## Psychiatric Evaluation

**Visit Date: 11/15/2016**

Attending Psychiatrist: Dr. Malcolm Rodriguez

### Presenting Concerns

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Patient is being seen at this clinic for pediatric services and treatment for epilepsy. She was referred for a psychiatric evaluation by Child Protective Services due to frequent verbal and physical altercations with others, difficulty with getting out of bed and task completion, and significant delay in academic benchmarks. Reviewed her school records prior to the exam, which report that the patient exhibits attentional difficulties and is easily frustrated. She is currently a number of grade levels behind in reading and math.

### Background Information

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Tiffany is a 14 year old girl who recently entered CPS custody and lives at a group home. Prior to this, she lived with her mother and her mother's boyfriend, but was removed from their home after allegations of abuse from the mother's boyfriend.

### Social History

Up until the age of fourteen, Tiffany was residing with her mother, Pamela Baxter. Tiffany's father, Ronald Baxter, died when she was five years of age due to a drug overdose. Tiffany is the only child of Pamela and Ronald Baxter, who had a volatile relationship wherein Tiffany witnessed severe domestic violence perpetrated by Ronald toward Pamela.

Tiffany recently entered foster care after allegations that her mother's boyfriend had been sexually abusing her. Tiffany tried to tell her mother, but her mother did not believe her. After it went on for several months, Tiffany finally told a school social worker who reported it to Some City CPS. There are no plans to return Tiffany to the care of her mother as she would not be safe and protected in her care.

### Development and Medical History

Tiffany was born three days prior to expected delivery. There were no significant complications. She weighed seven pounds and two ounces. There is no information about maternal use of drugs or alcohol during pregnancy. Tiffany has experienced seizures and convulsive activity since birth, with a formal diagnosis of epilepsy at age 4. Her seizures have resulted in a number of falls, though none have resulted in concussions.

Recently suffered a wrist fracture due to falling on the sidewalk during a seizure. Healing normally and being monitored by pediatric staff.

Tiffany reports having no allergies.

### Academic History

Tiffany just completed 8th grade and is in a small, self-contained classroom of 8-10 students for all subjects. She was held back in third grade. Last year, the school Child Study Team evaluated Tiffany and



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determined that she needed an IEP for special education services, based on her learning disabilities and behavioral needs. She is currently four grade levels behind in both reading and math. She has missed a number of days of school already this school year due to two suspensions for fighting and failing to show up for class.

Tiffany completed a psycho-educational assessment with the Some City Public School psychologist on 8/31/16 with the following results: Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V): 79 (very low) in verbal comprehension, 84 (low average) in visual spatial, 77 (very low) in fluid reasoning, 85 (low average) in working memory, and 79 (very low) in processing speed. Full Scale IQ of 79 (low average).

### Emotional and Behavioral Impressions

School records show that Tiffany has had numerous verbal and physical altercations with teachers and other students, resulting in in-school and out of school suspensions. Her CPS caseworker confirms that Tiffany has had difficulty in getting along with others at the group home. She calls other children names, tries to physically fight others, and breaks the rules of the group home. At times, she withdraws from others completely and refuses to come out of her room for meals and group activities.

### Substance Abuse History

None

### Mental Status Examination

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Tiffany appears her stated age with good personal hygiene and grooming. She is alert and oriented x4. She denies any suicidal or homicidal ideation. Her mood is was described as agitated and her affect is anxious. Her speech was strong and pressured. She has fair impulse control and fair reliability. Thought content is normal and thought processes are loosely associated. She recalled 2/3 objects at 5 minutes. Tests of her short-term memory showed deficits. Difficulty with focus and required redirection. Appeared reluctant to answer questions.

### Symptoms

Tiffany states that she has depressive symptoms 5/7 days of the week, lasting most of the day. During these episodes, so reports withdrawing from others, difficulty getting out of bed, and lack of motivation. She states she does not have any energy to complete tasks and “doesn’t want to do anything or see anyone.” She cannot identify any short or long term goals, and expresses no hope for the future.

When asked how she feels around others, Tiffany states that she doesn’t like being around people and that they “irritate” her. She has frequent anger outbursts towards others, but states that she doesn’t start fights and instead it is “other people messing with [her].”

Tiffany reports that she often has trouble sleeping at night, preferring to sleep once it is light outside instead. This has resulted in her missing a number of school days, as she has difficulty getting out of bed. She states that she has frequent nightmares and will wake up sweating, approximately 3 or more days per week. She refused to speak about the content of her nightmares, but states it is about “the stuff that happened before.”



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## Assessment and Plan

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### Diagnosis:

309.81 Post-traumatic stress disorder

296.33 Major depressive disorder, recurrent severe without psychotic features

V62.89 Borderline intellectual functioning

### Medications

Begin Zoloft 50mg

### Follow-Up:

Discussed potential side effects of medication, including drowsiness, nervousness, nausea, and weight gain.

Referral made through Apostle Counseling Services for individual and group therapy while in CPS custody.

Schedule next medication management appointment for 4-6 weeks.

*E-Signed by Malcolm Rodriguez on 11/17/2016 12:05 PM ET*



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## Psychiatric Medication Management

**Visit Date: 1/25/2018**

Attending Psychiatrist: Dr. Malcolm Rodriguez

### Presenting Concerns

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Patient is a 16 year old female who has attended regular medication management appointments with this clinic for the past 15 months. She is being seen for medication management services for PTSD and Depression. Since the last time this patient was seen, she returned to her mother's custody for a short time, then left home and has been living in a shelter.

Tiffany states that the medication has been making her "foggy" and she is unhappy with the weight gain associated with the medication over the past year. She reports that it improves her depressive symptoms, but she still has low energy, feels hopeless, and is sad 4-5 days per week. She continues to experience difficulties sleeping two to four times per week.

### Current Medications

Lamictal 25mg and Zoloft 50mg

### Allergies

None

### Substance Abuse History

None

### Mental Status Examination

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Tiffany appears her stated age with good personal hygiene and grooming. She is alert and oriented x4. She denies any suicidal or homicidal ideation. Her mood is calm and her affect is flat. Her speech was normal. She has fair impulse control and fair reliability. Thought content is normal and thought processes are loosely associated. She recalled 1/3 objects at 5 minutes. Tests of her short-term memory showed deficits. Difficulty with focus and required redirection.

### Assessment and Plan

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#### Diagnosis:

309.81 Post-traumatic stress disorder

296.33 Major depressive disorder, recurrent severe without psychotic features

V62.89 Borderline intellectual functioning

#### Medications

Increase Zoloft to 75mg

#### Follow-Up:

Schedule next medication management appointment for 4-6 weeks.



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*E-Signed by Malcolm Rodriguez on 01/26/18 at 6:05 PM ET*

## Neurological Follow Up

**Visit Date: 2/05/2018**

Assessing Physician: Dr. Karen Banks

### Presenting Concerns

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During recent medication management appointments, it was noted that despite taking her medications as prescribed for the past two years, patient continues to experience seizures both at home and in school. While at the shelter, patient has experienced two seizures in the past 45 days, resulting in medical treatment at Some City Hospital, Emergency Department.

### Vitals

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Height: 5'4" (64 inches)

Blood Pressure: 120/80

Respiration: 12/min

Weight: 130 lbs.

Pulse: 66

Temperature: 99F

### History of Present Illness

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**Past Medical Treatment:** Since birth, patient has experienced convulsions and seizure activity which has resulted in numerous hospitalizations. Diagnosed with epilepsy, generalized tonic-clonic seizure type at 4 years old. Both serum drug levels and Electroencephalography (EEG) testing show evidence of epilepsy. Restarted medication management with Lamictal two years ago. Patient has been consistently attending appointments with the assistance of her CPS case manager.

**Current Mediations:** Lamictal 25mg and Zoloft 75 mg

**Allergies:** None

**Presenting Symptoms:** Patient reports experiencing symptoms consistent with tonic-clonic seizures, during two episodes in the past 45 days. During one of these episodes, patient experienced bladder incontinence. Patient reports, "After my last seizure at the shelter, I couldn't comprehend what had happened or remember instructions for taking my medicine." The CPS caseworker confirmed that patient's seizures continue to be characterized by loss of consciousness and sudden muscle tensing, followed by convulsions.

### Physical Exam

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**Mental status:** The patient is alert, attentive, and oriented. Speech is clear and fluent with good repetition, comprehension, and naming. She recalls 2/3 objects at 5 minutes.

**Review of systems:** Normal



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**General physical examination:** The patient has a normal BMI and reports no other physical health issues beyond the presenting condition. BP and Pulse normal. Gait, motor skills, reflexes, balance, and sensory perception all within normal limits.

**Laboratory findings:** Previous EEG on file shows evidence of epilepsy.

### Assessment

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The patient is a 16-year old female with longstanding epileptic seizures, who has been seen regularly in this clinic for medication management over the previous two years. Patient suffers from generalized tonic-clonic seizures occurring at least once a month for at least 3 consecutive months despite adherence to prescribed treatment. Despite taking her medication as prescribed, Tiffany continues to experience seizure activity which seriously limits her activities.

The patient reports experiencing the following side effects with current medication: dizziness, drowsiness, fatigue, nausea and depression. Recommendation today to begin trial of alternate anticonvulsants.

**Diagnosis:** Epilepsy, with generalized tonic-clonic seizure type

### Plan

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**Medications:** Discontinue Lamictal. Begin Depakote 500 mg/day.

**Follow up:** Reassess medication management in 6-8 weeks.

*E-Signed by Karen Banks on 02/07/2018 at 05:15 PM ET*